

STANDARD FORM 50 (8 PARTS)  
OCTOBER 1948  
PROMULGATED BY  
CHAPTER R-1, FEDERAL PERSONNEL MANUAL  
U. S. CIVIL SERVICE COMMISSION

## CENTRAL INTELLIGENCE AGENCY

## NOTIFICATION OF PERSONNEL ACTION

|                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------|-------|----------|--|--|--|--|--|--------|-------|--|-------------------------------------|--|-------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------|----------|----------------------------------------------|------------------------------------------------------|---------------------|---------------------------------------|---------------------------------------|-----------------------------------------|--|-----------------------------------------------------------------------------|--|--|--|--|---------------------|
| 1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME)                                                                                                                                                                                                                                                                                               |                                       | 2. DATE OF BIRTH                                                                                                                                                                                                                                                                                                                         | 3. JOURNAL OR ACTION NO.                             | 4. DATE                                                                     |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| Miss Elizabeth Sudmeier                                                                                                                                                                                                                                                                                                                                       |                                       | 5/12/52                                                                                                                                                                                                                                                                                                                                  |                                                      | 5/23/50                                                                     |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| This is to notify you of the following action affecting your employment:                                                                                                                                                                                                                                                                                      |                                       |                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)                                                                                                                                                                                                                                                                                                                |                                       | 6. EFFECTIVE DATE                                                                                                                                                                                                                                                                                                                        | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY            |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| Transfer and Promotion (Correction) *                                                                                                                                                                                                                                                                                                                         |                                       | 5/14/50                                                                                                                                                                                                                                                                                                                                  | Schedule A-6.116 (b)                                 |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| FROM                                                                                                                                                                                                                                                                                                                                                          |                                       | TO                                                                                                                                                                                                                                                                                                                                       |                                                      |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| <b>Shorthand Reporter</b><br><b>(Stenotypist)</b><br><br><b>GS-7</b><br><b>\$4200.00 per annum</b><br><br><b>Reports and Estimates</b><br><b>Presentation Staff</b><br><b>Office of the Chief</b><br><br><b>Washington, D.C.</b><br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL                                           |                                       | <b>Shorthand Reporter</b><br><br><b>GS-8</b><br><b>\$4325.00 per annum</b><br><br><b>Reports and Estimates</b><br><b>Administrative Staff</b><br><b>Presentation and Graphics Branch</b><br><b>Office of the Chief</b><br><br><b>Washington, D.C.</b><br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL |                                                      |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| 8. POSITION TITLE                                                                                                                                                                                                                                                                                                                                             |                                       | 9. SERVICE, SERIES, GRADE, SALARY                                                                                                                                                                                                                                                                                                        |                                                      |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| 10. ORGANIZATIONAL DESIGNATIONS                                                                                                                                                                                                                                                                                                                               |                                       | 11. HEADQUARTERS                                                                                                                                                                                                                                                                                                                         |                                                      |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| 12. FIELD OR DEPT'L                                                                                                                                                                                                                                                                                                                                           |                                       | 13. VETERAN'S PREFERENCE                                                                                                                                                                                                                                                                                                                 |                                                      |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| <table border="1"> <tr> <td>NONE</td> <td>WWII</td> <td>OTHER</td> <td>5-PT.</td> <td colspan="2">10-POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>DISAB.</td> <td>OTHER</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> </table> |                                       | NONE                                                                                                                                                                                                                                                                                                                                     | WWII                                                 | OTHER                                                                       | 5-PT. | 10-POINT |  |  |  |  |  | DISAB. | OTHER |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  |  | <table border="1"> <tr> <td>15. SEX</td> <td>16. RACE</td> <td>18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)</td> <td>19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)</td> <td>20. LEGAL RESIDENCE</td> </tr> <tr> <td><input checked="" type="checkbox"/> F</td> <td><input checked="" type="checkbox"/> W</td> <td><input checked="" type="checkbox"/> Yes</td> <td></td> <td><input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED</td> </tr> <tr> <td colspan="4"></td> <td>STATE: <b>Minn.</b></td> </tr> </table> |  |  | 15. SEX | 16. RACE | 18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) | 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) | 20. LEGAL RESIDENCE | <input checked="" type="checkbox"/> F | <input checked="" type="checkbox"/> W | <input checked="" type="checkbox"/> Yes |  | <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED |  |  |  |  | STATE: <b>Minn.</b> |
| NONE                                                                                                                                                                                                                                                                                                                                                          | WWII                                  | OTHER                                                                                                                                                                                                                                                                                                                                    | 5-PT.                                                | 10-POINT                                                                    |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
|                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                                                                                                                          |                                                      | DISAB.                                                                      | OTHER |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
|                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/>   |                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                  |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| 15. SEX                                                                                                                                                                                                                                                                                                                                                       | 16. RACE                              | 18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)                                                                                                                                                                                                                                                                                             | 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) | 20. LEGAL RESIDENCE                                                         |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| <input checked="" type="checkbox"/> F                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> W | <input checked="" type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                  |                                                      | <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
|                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                                                                                                                          |                                                      | STATE: <b>Minn.</b>                                                         |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| 21. REMARKS: THIS ACTION IS SUBJECT TO ALL APPLICABLE LAWS, RULES, AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.                                                                                        |                                       |                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| <p>*Correction of action dated 5/5/50 to show correct salary on both sides. Previously shown as \$4075.00 per annum to \$4200.00 per annum.</p>                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| <div style="border: 1px solid black; height: 100px; width: 100%;"></div>                                                                                                                                                                                                                                                                                      |                                       |                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |
| <div style="display: flex; justify-content: space-between;"> <div>ENTRANCE EFFICIENCY RATING:</div> <div> <b>R. F. McCLELLAN</b><br/> <b>Chief, Personnel Division</b><br/>           22. SIGNATURE OR OTHER AUTHENTICATION         </div> <div>5-24-50</div> </div>                                                                                          |                                       |                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                             |       |          |  |  |  |  |  |        |       |  |                                     |  |                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |         |          |                                              |                                                      |                     |                                       |                                       |                                         |  |                                                                             |  |  |  |  |                     |

4. PERSONNEL FOLDER COPY

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